

Name In Full

Certificate of Death

Isabelobonough Anderson

Town

County

Tulsa

MARYLAND

Died at

Euston

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July 10

Age

1

0

12

Euston

Cind

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm. Henry Anderson

Mother's

Maiden Name

Anna Williams

Cause of

Primary

Enterocolitis

How long sick

6 weeks

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

J. B. Hervey

Address

Euston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Henry Christian Appel

Town

County

Died at

MARYLAND

Bozman

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 20

Age

20 - -

Clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Dont Know

Dont Know

Cause of

Primary

How long sick

Death

Immediate

Accidental drowning

Accident, Suicide, Homicide

Reported by

R. H. Dodson

Address

St Michaels

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Rebecca Banturn

Town

County

Died at

MARYLAND

Chapel Orisk.

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 2

Age 48

Talbot

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

9

~~Widow~~ of

Wife

Lewis Banturn

Father's

Mother's

Name

Maiden Name

James Gray

Sarah Baynard

Cause of

Primary

Pneumonia 93.

How long sick

3 weeks

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

J. S. Garrison 3rd

Address

Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

4 Trappe

Name in Full

Certificate of Death

Eliza Ann Bentley

Town

County

Died at

St. Michael's

Salbo

MARYLAND

Date 190✓

Month

Day

Y.

M.

D.

Native of

Occupation

7 30

Age

81 - -

St. Michael's

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 4

Husband of

Thos. Bentley

Wife

Father's

Name

Sherwood

Mother's

Maiden Name

Can not ascertain

Cause of

Primary

Apoplexy

Death

Immediate

Coma

by

How long sick

3 hours

Accident, Suicide, Homicide

Reported by

A. B. H. Lasecock

Address

St. Michael's

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Name In Full

Certificate of Death

John Blackson

Town

County

MARYLAND

Died at

Easton

Talbot

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 26

Age

15

Talbot

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

John Blackson

Kate Blackson

Cause of

Primary

Not Known

How long sick

Death

Immediate

179

Accident, Suicide, Homicide

Reported by

F Clark Mason

Address

Easton Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Pritchett

Town

East

County

Talcott

MARYLAND

Died at New

Date 1902

Month

7

Day

29

Y.

-

M.

6

D.

-

Native of

Md

Occupation

-

U - 1012

S - 1012

Husband of

Wife

Father's

Name

Dmit Krew

Mother's

Maiden Name

Matthie Pritchett

Cause of

Primary

Cholera Infarction

Exhaustion

Death

Immediate

How long sick

1 week

Accident, Suicide, Homicide

Reported by

Thos A. Cannon

Address

East

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Wm McKinley Brooks

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at Near Royal Oak Talbot MARYLAND
 Town County
 Date 19 02 July 25 Month Day Y. M. D. Talbot Native of _____ Occupation _____
 Age 1 10
 Male White Married _____ Widowed _____ Divorced _____
~~Female~~ Colored Single _____ Widower _____ Number of children living 8
 Husband of _____
 Wife _____
 Father's Name Murray L. Brundell Mother's Name Annie Marie
 Maiden Name _____
 Cause of Death { Primary Heart Failure Immediate _____ } How long sick _____
 Accident, ~~Suicide~~, Homicide 1st
 Reported by L W Kilmer
 Address Royal Oak Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eliza Jane Burns

Town

County

Died at

Cordova

Talbot

MARYLAND

| Date | Year | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|------|------|-------|-----|-----|----|----|----|-----------|---------------------------|
| 19 | 42 | July | 26 | 74 | | | | md | X |
| | | | | | | | | Widow | Divorced |
| | | | | | | | | Widower | Number of children living |

~~Male~~

White

~~Marrried~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of X

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Bilious Colic

How long sick

one week

Death

Immediate

Gastritis Acute

Accident, Suicide, Homicide

Reported by

Chas. H. Rose.

Address

Cordova.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Nancy Camper Cal.

Town

County

Died at

Easton

Tallot

MARYLAND

Date 19

02

July

25

Age

66

--

Native of

Tillman, Domestic

Occupation

Male

White

Married

Widow

Divorced

Female

No

Colored

Yes

Single

Yes

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ed. M. Hart & Castle M.D.

Easton, Tallot, Camper M.D.

LIBRARY BUREAU, 79898

1



Certificate of Death

Theodosia Cambray
 Town County
 Died at Bethuan 12th - 1902
 Date 1892 July 11 Y. 9 M. 9 D. Name of Wid - July
 Male Female Married Widowed Divorced
 Husband of
 Wife
 Father's Name George Cambray Mother's Name L. Lawrence
 Cause of Death Primary Immediate
 How long sick 105 days
 Accident, Suicide, Homicide
 Reported by Joseph B. Smith, M.D.
 Address Md Laurel Maryland
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dawson Chester

Town

County

Died at St. Michaels Talbot

MARYLAND

Date 1902 7 25- Age 81 - - Native of St. Michaels Occupation Oysterman

Male ~~White~~ Married ~~Widow~~ Divorced

Female Colored Single Widower Number of children living Three

Husband of Mary Ann Chester

~~Wife~~

Father's Name Stanley Chester Mother's Maiden Name Do not know

Cause of Death Primary Organic Heart Disease How long sick 16 months

Immediate As theoria Accident, Suicide, Homicide

Reported by

79

A. B. Blaseock
St. Michaels Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma C. Clayton

Town

County

Died at

Easton

Talbot

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

7 20

Age

62 - -

Talbot. Laborer.

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living one

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Not Known

How long sick

95

Death

Immediate

Hemorrhage from Lungs

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Dandridge

Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Helen Colston

Died at Easton Town Salbot County MARYLAND

Date 1902 July 4 Month Day
 Age 2-2-- Y. M. D. Native of U.S. a. Occupation Baby
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living —

Husband of —
Wife

Father's Name Chas. Colston Mother's Maiden Name Ella Busk

Cause of Death { Primary Malaria Fever Immediate Not Known }
 How long sick 4 wks
~~Accident, Suicide, Homicide~~

Reported by Chas. J. Davidson } did not see her for
Easton Md. } 10 days before death.
C. J. S.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

5- Eastern

Name In Full

Certificate of Death

Mary Catharine Cooper

Town Easton County Talbot MARYLAND

Died at Near Easton Talbot MARYLAND

Date 1902 Month 7 Day 27 Age - 6 - Native of Md Occupation —

Male ~~White~~ ~~Married~~ Widow Divorced
 Female ~~Colored~~ Single Widower Number of children living

Husband of
 Wife
 Father's Name Francis H. Cooper Mother's Maiden Name Cooper

Cause of Primary Cholera Infantum 105 How long sick 2 weeks

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by Thos. A. Brown M.D.

Address Easton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel E. Coulburn
 Died at *St. Michaels* ^{Town} *Sabot* ^{County} **MARYLAND**

| Date 19 | 02 | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|---------|----|---------|-----|---------|----|---------|----|---------------------------|------------|
| | | 7 | 23 | 2 | - | 4 | | St Michaels | none |
| Male | | White | | Married | | Widow | | Divorced | |
| Female | | Colored | | Single | | Widower | | Number of children living | |
| | | | | | | | | none | |

Husband of
 Wife
 Father's Name *Wm W. Coulburn* Mother's Name *Ida May Dovers*
 Maiden Name

| Cause of | Primary | How long sick |
|----------|--|-----------------------------|
| | <i>Pertussis & Remittent Fever</i> | <i>3 months</i> |
| Death | Immediate | Accident, Suicide, Homicide |
| | <i>Convulsions</i> | |

Reported by *A B Glascock*
 Address *St Michaels*
md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Addie Eugene Cummings

Town

County

Died at

Gilethman

Zalbot

MARYLAND

Date 189 2 July - 4 Age 6-9 md
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
of
WifeFather's
Name

Chas P. Cummings

Mother's
Name

Sidney Cummings

Cause of

Primary

Pertussis

How long sick

14 weeks

Death

Immediate

Marasmus

Accident, Suicide, Homicide

Reported by

Dr. S. K. Wilson

Address

Gilethman, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668



Henry Clay Cummings
 Town County

Died at Tilghman Talbot

MARYLAND

Date 1902 7 8 Y. M. D. Age 25 8 - 7 Native of Talbot Occupation Oysterman
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Henry Clay Cummings Mother's Maiden Name Rachel Haddaway

Cause of Death { Primary Consumption
 Immediate
 How long sick 8 months
~~Accident, Suicide, Homicide~~

Reported by W. H. Chaires, M.D.

Address Tilghman, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Levi Thomas Dukes

Town

County

Died at Cordova

Talbot

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 25

Age

73, 9 -

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband

of A. Louise Dukes

Wife

Father's

Name

James Dukes

Mother's

Maiden Name

Sallie Rhodes

Cause of

Primary

Gluteal Abscess

How long sick

one week

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Lehas. H. Rose

Address

Cordova

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

| Date 1902 | Month | Day | Y. | M. | D. | Native of | Occupation |
|-------------------|--------------------|--------------------|----|---------|----|---------------------------|------------|
| | July | 12 | 0 | 9 | 0 | Ind | x |
| Male | White | Married | | Widow | | Divorced | |
| Female | Colored | Single | | Widower | | Number of children living | |

Father's Name *William Dural* Mother's Maiden Name *Minnie Collins*

Reported by *Mason & Love Undertakers*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

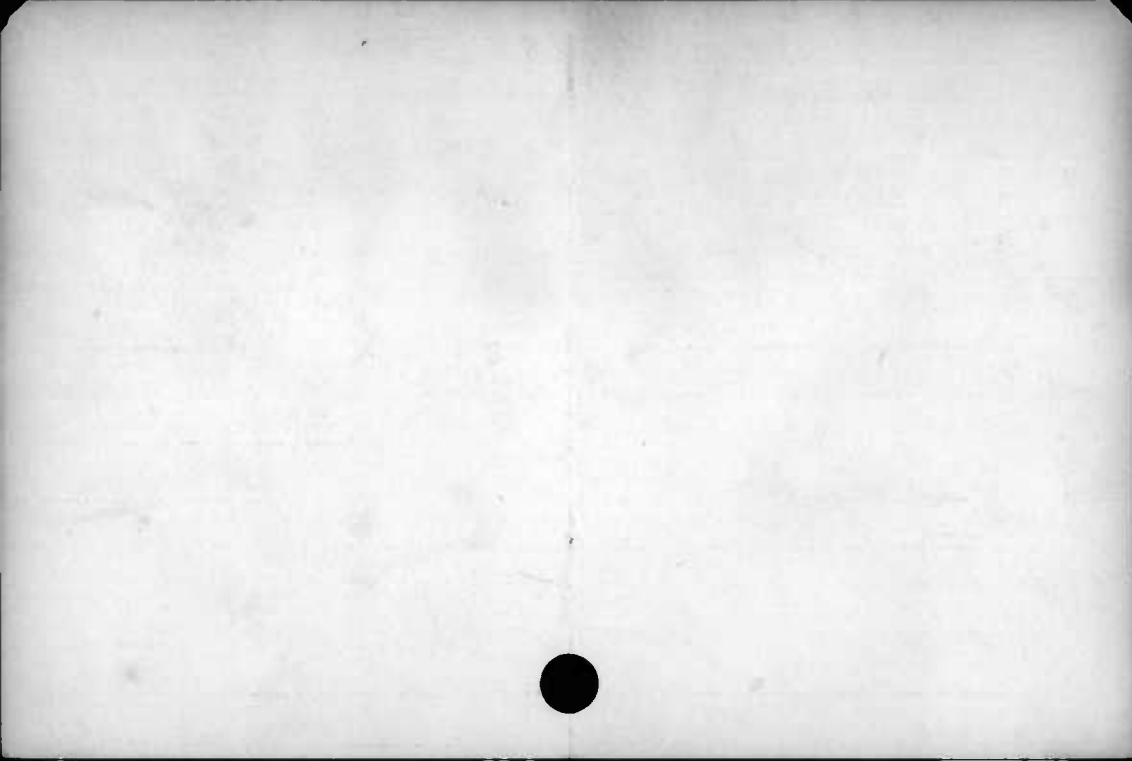
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|--|------------------------------|--------|--------|----------|--|
| Died at <i>Near Mt Mills</i> | | Town <i>Talbot, Co.</i> | | County | | MARYLAND | |
| Date of death 1902 | Month <i>July</i> | Day <i>22nd</i> | Age <i>39</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Talbot Co</i> | | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>House wife</i> | | | | | |
| Name of Wife or Husband <i>Mrs. Emerson</i> | | | | | | | |
| Father's Name <i>Marlin Dornin</i> | | Father's Birthplace <i>Ireland</i> | | | | | |
| Mother's Maiden Name <i>Mary Dornin</i> | | Mother's Birthplace <i>" "</i> | | | | | |
| Name of person giving Information <i>M J Emerson</i> | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pregnancy.</i> | How long <i>8 1/2 wks.</i> |
| Immediate <i>Premature detachment of placenta</i> | How long <i>4 hours.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. Adams M.D.</i> |
| | Address <i>Wp Miller, Md.</i> |
| Accident or Suicide? | |



| | | | | | | |
|-------------------------------------|--|---|----------------------|---|--------------|--------------|
| Died at | | Town <u>Royal Oak</u> | County <u>Talbot</u> | | MARYLAND | |
| Date 19 <u>02</u> | | Month <u>02</u> | Day <u>02</u> | Y. <u>02</u> | M. <u>02</u> | D. <u>02</u> |
| Age | | Native of | | Occupation | | |
| <u>Male</u> | | <u>White</u> | | <u>Married</u> | | |
| Female | | Colored | | Single | | |
| Widow | | Widower | | Divorced | | |
| Husband of | | Number of children living | | | | |
| Wife | | | | | | |
| Father's Name <u>Benny Fields</u> | | Mother's Maiden Name <u>Alfonza Goldsboro</u> | | | | |
| Cause of | | Primary <u>Still born</u> | | How long sick <u> </u> | | |
| Death | | Immediate <u> </u> | | Accident, Suicide, Homicide <u> </u> | | |
| Reported by <u>Samuel C. Lippke</u> | | | | | | |
| Address <u>Royal Oak</u> | | <u>md</u> | | | | |

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Georgia Edna Gardner

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

30

Age

6

4

-

St. M

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Single

~~Widower~~

Number of children living

none

Husband
of

Wife

Father's
Name

Illegitimate

Mother's

Maiden Name

Bessie Gardner

Cause of

Primary

Enterocolitis

How long sick

3 weeks

Death

Immediate

Asthenia

10 S

Accident, Suicide, Homicide

Reported by

A. B. Glascock

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



James Gibson

Died at Trappe Town Talbot County MARYLAND

Date 1904 7 Month 13 Day 3 Y. - M. - D. 3 Age - Native of Talbot Co. Occupation _____

Male _____ ~~Female~~ _____ ~~Colored~~ _____ ~~Single~~ _____ ~~Widow~~ _____ ~~Widower~~ _____ ~~Number of children living~~ _____

~~Husband~~ of _____

Father's Name _____ Mother's Maiden Name Sarah Gibson

Cause of Death { Primary Deformed Immediate convulsions } How long sick 150. _____

Accident, Suicide, Homicide

Reported by Joseph A. Ross Jr.

Address Trappe Talbot Co, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bertha Haddaway
 Town County

Died at Masletta 1 albert MARYLAND

Date 19 02 July 1 Y. M. D. 4 20 1885 Pa grl.
 Male White Married Widow Divorced Number of children living
 Female Colored Single Widower

Husband of _____
 Wife _____

Father's Name John Haddaway Mother's Name May Ann Jones
 Maiden Name

Cause of Death { Primary Cholera 80 How long sick 3 m h
 Immediate Cough Accident, Suicide, Homicide

Reported by Joseph B. Smith Wd

Address McDaniel Stayland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Harry Oliver Hallford
 Town St. Michaels County Talbot

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

of

Mr. J. Holland

Mother's

maiden Name

Mary Wharton

Primary

Death & Enterocolitis

How long sick

Three weeks

Immediate

Asthenia

Accident, ~~suicide~~, Homicide

105

A. B. H. Laseock



Name in Full

Certificate of Death

Catherine Louise Ingman

Town

County

MARYLAND

Died at Mrs. Daniel

Talbot

| | | | | | | | | |
|-----------|---------|---------|---------|-----------------------------|----|----|-----------|------------|
| Date 1902 | Month 7 | Day 15 | Age 83 | Y. | M. | D. | Native of | Occupation |
| | | | | | | | Sweden | Frederick |
| Male | White | Married | Widow | Divorced | | | | |
| Female | Colored | Single | Widower | Number of children living 7 | | | | |

Husband of Ambrose Ingman

Wife

Father's Name Daniel Buckey

Mother's Maiden Name

Cause of Death { Primary Apoplexy and Paralysis

Death { Immediate Asthenia and Coma

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by

A. B. Glascock

Address

St. Michael's

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Name in Full

Certificate of Death

Robert James

Died at

Town
Easter

County

Talbot

MARYLAND

Date 19

02 July 57

Age

42 --

Native of

U.S. a

Occupation

Laborer

Male

Female

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Hemiplegia
Exhaustion

Mother's

Maiden Name

Kate James

How long sick

1 yr

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Hender
Easter, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mabel Dorcella Johns

Town

County

Died at Eastern Talbot

MARYLAND

Date 1902, July 9, Age 10, 7, Native of Talbot, Occupation Infant.

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband _____

Wife _____

Father's Name William Johns Mother's Name Nettie Roberts

Maiden Name

Cause of Death Primary Intero-colitis Immediate

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by J. S. Garrison M.D.

Address Eastern,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

10th May 1900
Daddy

Name In Full

Certificate of Death

Eva Johnson

Town

County

Died at

Easton

Talbot

MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|-------|-----|----|----|----|-----------|------------|
| July | 4 | 1 | 10 | | Easton | |

Date 1961

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Dora Johnson

Mother's

Maiden Name

Lannie Johnson

Cause of

Primary

Bowell Complaint

How long sick

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

2ts Father

Address

Easton Talbot Co MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

William Joshua Johnson

Town

County

Died at

m^c Daniel

Talbot

MARYLAND

| Date 19 | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|---------|---------|---------|---------|---------------------------|----|----|-----------------------|------------|
| 02 | 7 | 8 | 8 | 8 | -- | | m ^c Daniel | None |
| Male | White | Married | Widow | Divorced | | | | |
| Female | Colored | Single | Widower | Number of children living | | | | None |

Husband of

Wife

Father's

Name

Herman Johnson

Mother's

Maiden Name

Mamie Adams

Cause of

Primary

Remittent fever & Enterocolitis

How long sick

2 months

Death

Immediate

As the nia

Accident, Suicide, Homicide

Reported by

105

A. B. Glasebrook

Address

St Michael's md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79866



Sarah A. Lee

Town

County

Died at

St. Michaels

Dulbot

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 8

Age

24 - -

St. Michaels

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

none

Husband

of

Wife

Father's

Name

Alfred Lee

Mother's

Maiden Name

Catherine Porter

Cause of

Primary

Tubercular Laryngitis

How long sick

1 year

Death

Immediate

Asthma & Heart failure

Accident, Suicide, Homicide

Reported by

A. B. Glaserock

Address

St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harman R. Lintner

Town

County

Wittman

Talbot

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 17

Age 70

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause Primary

Paralysis

66.

How long sick

2 weeks

Death Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Dr. B. K. Wilson

Address

Tilghman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Minnie M. Glatten

Died at Trappe Town Talbot County MARYLANDDate July 22 1912 Month Day Y. M. D. Native of md Occupation —

| | | | | | |
|-------------|--------------|----------------|--------------|---------------------------|----------|
| <u>Male</u> | <u>White</u> | <u>Married</u> | <u>Widow</u> | <u>Divorced</u> | <u>—</u> |
| Female | Colored | Single | Widower | Number of children living | |

Husband
of
Wife

| | | | |
|---------------|------------------------|---------------|---------------------------|
| Father's Name | <u>John M. Glatten</u> | Mother's Name | <u>Rebecca M. Glatten</u> |
|---------------|------------------------|---------------|---------------------------|

| | | | |
|----------------|-----------|------------------------|-----------------------------|
| Cause of Death | Primary | <u>Premature birth</u> | How long sick |
| | Immediate | <u>Shock</u> | <u>151</u> |
| | | | Accident, Suicide, Homicide |

Reported by Mrs. S. SeymourAddress Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Perry

Died at St Michaels Town Salbot County MARYLAND

Date 189 1902 Month July Day 3 Y. Age one week M. Native of infant Occupation.

Male White Married Widow Divorced Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name unknown Mother's Name Josephine Perry

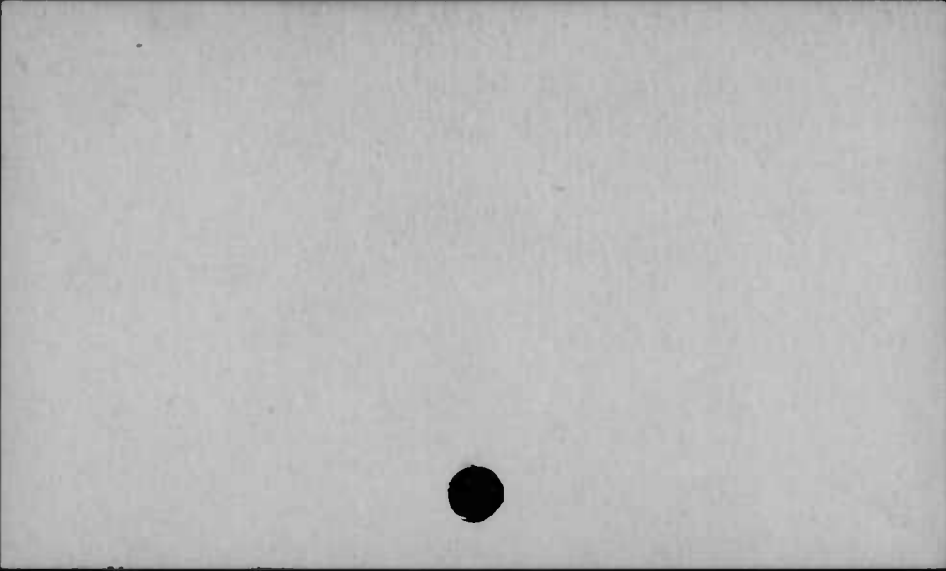
Cause of Death { Primary in anitox How long sick one week
Immediate Heart failure 151 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name In Full

Certificate of Death

Died at *St. Michael* Town *Fall* County *Talbot* MARYLAND

Date 19 *02* Month *July* Day *3* Y. *6* M. *6* D. *6* Native of Occupation

Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband of

Wife

Father's Name *The Penn* Mother's Maiden Name *Josephine Penn*

Cause of Death { Primary *inf. pneumonia* How long sick
 Immediate *spontaneous* Accident, Suicide, Homicide

Reported by *E. F. Spradley*Address *St. Michael*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rice

Died at

Eosta

County

Tsch

MARYLAND

Date 1902 Month 2 Day 12 Y. — M. — D. 1 Native of — Occupation —

Male

White

~~Marr~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Roger Rice

Mother's

Maiden Name

Mulliken

Cause of

Primary

Stomach Bow

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Thos. A. Small

Address

Eosta Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sund, Robert

MARYLAND

Died near Trafpe Town Talbot County

Date 1902 7 Month 14 Day Y. M. D. 5 31

Female White Married Widow Divorced Number of children living

Husband of

Wife

Father's Name Charley Roberts Mother's Name Ella. Price.

Cause of Death { Primary Cholera Infantum Immediate 105 } How long sick 3 days

Accident, Suicide, Homicide

Reported by

Address

Joseph A. Price Jr.
Trafpe Talbot Co, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Maurice Thomas Small

Town

County

MARYLAND

Died at

Bozman

Jalbot

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 20

Age 20

Student

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Don't Know

Don't Know

Cause of

Primary

How long sick

Death

Immediate

Accidental drowning 17 1/2

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

R. A. Dodson

Address

S. Michaels Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Thompson

Died at *Easton*

Town

County

Talbot

MARYLAND

Date, 19*02* *July* *5* | Age *—* | Native of *—* | Occupation *—*Date, 19*02*

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Nickolas Thompson

Mother's

Maiden Name

Christy Thomas

Cause of { Primary

Still Born

How long sick

Five B

Death { Immediate

Accident, Suicide, Homicide

Reported by

Thos. B. Arnold

Address

Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Booker Washington Turner

Town

County

Died at

Easton Talbot Co.

MARYLAND

Date 1902

Month Day

July 7

Y. M. D.

Age 5

Native of

Easton

Occupation

Pupil

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

~~White~~

Father's Name

Isaac Turner

Mother's

Maiden Name

Georgeanna

Cause of

Primary

Idiosyncrasy Typhoid Fever followed by Cerebrospinal meningitis

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

A. S. Williams

Address

Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Melissa May Williams

Town

County

Died at

Easton Talbot Co

MARYLAND

Date 1902

Month Day

7 9

Age

Y. M. D.

1 7 7

Native of

Easton

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

~~Husband~~ of~~Wife~~

Father's

Name

Harry Williams

Mother's

Maiden Name

Grace Thompson

Cause of

Primary

Bronchopneumonia

How long sick

3 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. Dennis Willson

Address

Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isaac Young

Town

County

MARYLAND

Died at *Williamstown**Salbot*

Date *1902* *July* *1* *1902* *86* *md* *farmer*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *4*

Husband of *Millie Young*
 Wife
 Father's Name *Andrew Young* Mother's Name *Julia Young*

Cause of Death { Primary *Dysentery* How long sick *one week*
 Immediate *Exhaustion* *14* *Accident, Suicide, Homicide*

Reported by *E. R. Duppe M.D.*Address *Easton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Z. Imberg